

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

215

State File No.

484

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community always
years, months or days

3. (a) PRINT FULL NAME Allice Dickman

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Mar 21 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 23 If less than one day
hr. min.

9. Birthplace St Louis Mo Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles Tillie
13. Birthplace St Louis Mo Mo
(City, town, or county) (State or foreign country)
14. Maiden name Faith Mulligan
15. Birthplace St Louis Mo Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Dickman

(b) Address 1929 Angelrod

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mark A. Dickman

(b) Address 4355 Washington

19. (a) JAN 16 1942 (b) J. P. Bledsoe
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1929 Angelrod
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1942 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from January 12
1942 to January 14, 19 42
that I last saw him alive on January 14, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Bronchitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

3 days
3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other) M. D.
Address 2202 University Date signed 1-16-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-2-5-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address Othmanis m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.